

CMS Manual System

Department of Health &
Human Services (DHHS)

Pub 100-20 One-Time Notification Transmittal Sheet

Centers for Medicare &
Medicaid Services (CMS)

Transmittal 184

Date: OCTOBER 14, 2005

CHANGE REQUEST 4106

NOTE: *Transmittal 183, dated October 13, 2005 is rescinded and replaced with Transmittal 184, dated October 14, 2005. This instruction was modified to update the Background section, to include Hurricane Rita and remove reference to Medicaid. All other information remains the same.*

SUBJECT: National Modifier and Condition Code To Be Used To Identify Disaster Related Claims

I. SUMMARY OF CHANGES: In order to track and facilitate claims processing of claims for disaster victims, a national modifier has been established for providers' use on claims.

NEW/REVISED MATERIAL

EFFECTIVE DATE: August 21, 2005

IMPLEMENTATION DATE: October 3, 2005 but no later than October 31, 2005.

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|-------|----------------------------------------|
| N/A | |

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

| | | | |
|-------------|------------------|------------------------|---------------------|
| Pub. 100-20 | Transmittal: 184 | Date: October 14, 2005 | Change Request 4106 |
|-------------|------------------|------------------------|---------------------|

NOTE: *Transmittal 183, dated October 13, 2005 is rescinded and replaced with Transmittal 184, dated October 14, 2005. This instruction was modified to update the Background section, to include Hurricane Rita and remove reference to Medicaid. All other information remains the same.*

SUBJECT: National Modifier and Condition Code To Be Used To Identify Disaster Related Claims

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) has acted to assure that the programs will be flexible to accommodate the emergency health care needs of beneficiaries and medical providers in the Hurricanes Katrina and Rita devastated states.

Because of hurricane damage to local health care facilities, many Medicare beneficiaries have been evacuated to neighboring states where receiving hospitals and nursing homes have no health care records, information on current health status or even verification of the person's status as a Medicare beneficiary. CMS is committed to ensuring beneficiaries get needed health care and, to that end, we are relaxing some normal Medicare policies/procedures, consistent with the 1135 waiver authority.

The purpose of this One-Time-Notification is to establish a mechanism for providers to identify services rendered to Medicare beneficiaries who are victims of Hurricanes Katrina and/or Rita. Additional instructions have been/will be issued related to specific program issues/relaxations.

B. Policy: In order to facilitate claims processing and track services and items provided to victims of Hurricanes Katrina and/or Rita and any future disasters, a new modifier and condition code have been established for providers to use on disaster related claims. The new modifier and condition code are effective for dates of service on and after August 21, 2005. The new modifier is CR (Catastrophe/Disaster Related). The new condition code is DR (Disaster Related). The new modifier and/or condition code can be used by providers submitting claims for beneficiaries who are Katrina and/or Rita disaster patients in any part of the country.

For physicians or suppliers billing their local carrier or DMERC, only the modifier (CR) may be reported and not the condition code. A condition code is used in fiscal intermediary billing. For fiscal intermediary billing, either the modifier or condition code may be reported. The condition code would identify claims that are or may be impacted by specific payer policies related to a national or regional disaster, while the modifier would indicate a specific Part B service that may be impacted by policy related to the disaster.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|------------------|
| | | F I | R H H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 4106.1 | Contractors and CWF shall recognize the new modifier into their system as soon as possible but no later then 30 days after release of this instruction. | X | X | X | X | X | X | X | X | |
| 4106.2 | Contractors and CWF shall recognize the new condition code into their system as soon as possible but no later then 30 days after release of this instruction. | X | X | | | X | | | X | |
| 4106.3 | Contractors shall use their discretion in how the modifier can be utilized in their system to facilitate claims processing for disaster related claims. | X | X | X | X | | X | X | | |
| 4106.4 | Contractors shall use their discretion in how the condition code can be utilized in their system to facilitate claims processing for disaster related claims. | X | X | | | | | | X | |
| 4106.5 | Contractors shall receive guidance from CMS in the form of JSMs or instructions regarding any specific use of the modifier or condition code. | X | X | X | X | | | | | CMS CO |
| 4106.6 | Contractors shall work closely with the appropriate regional office regarding any emergency instructions associated with Hurricanes Katrina and/or Rita or any future disasters. | X | X | X | X | | | | | |
| 4106.7 | In addition to the Medlearn Matters Article, regional offices will help facilitate contractors outreach regarding provider education on the use of the new modifier. | | | | | | | | | Regional Offices |

III. PROVIDER EDUCATION

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | FI | R H H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 4106.8 | A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | X | X | X | | | | | |

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|-------------------------------------------------|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Effective Date*: August 21, 2005 Implementation Date: October 3, 2005 but no later than October 31, 2005.</p> <p>Pre-Implementation Contact(s): Pat Gill for Part B claims processing, patricia.gill@cms.hhs.gov Wendy Tucker for Institutional claims processing, wendy.tucker@cms.hhs.gov Joanne Spalding for DMERC claims processing, Joanne.spalding@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate regional office contacts</p> | <p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.</p> |
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